This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/01/2007</u>	Address:	227 Indianapolis Avenue
Case #:	<u>52F43606</u>		<u>Apt 2</u>
County:	Boone		<u>Lebanon, IN 46052</u>
Type of Laboratory Seizure (check one)		Seizure Location (cheek all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/fodine Reaction(s):			
Flammable Solvents: Kitchen			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Kitchen			
Corrosive Base;			
Other (item and location): Soiled Coffee Filters, Ki			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Robbery Investigation 	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: <u>Lebanon</u>	Fax: <u>765-482-8831</u> Fax: <u>(765) 483-4450</u> Fax:	
Health Dep	artment: Boone County		
Child Prote	ction Service: Boone County		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 3178998583			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.